



Medicare Part D Workshops

Hosted by Congressman Austin Scott

Medicare Part D Enrollment Event Worksheet

Please complete this form and bring it with you to the workshop so your counselor may better assist you. If you have any questions, call our Tifton office at (229) 396-5175 or GeorgiaCares at (866) 552-4464.

NOTE: If you are a member of the Georgia State Health Benefit Plan (SHBP), please contact the Georgia Department of Community Health at (800) 610-1863 before taking any further action. Failure to do so could cause you to lose your current health care plan permanently.

PERSONAL INFORMATION

Name: _____ Phone Number: _____
Address: _____
City, State, Zip: _____
Email Address: _____
Date of Birth: _____ Preferred Pharmacy: _____

MEDICARE INFORMATION

Medicare Number: _____
Medicare Part A Effective Date: _____
Medicare Part B Effective Date: _____

MEDICARE HEALTH INSURANCE	
1-800-MEDICARE (1-800-633-4227)	
NAME OF BENEFICIARY JANE DOE	
MEDICARE CLAIM NUMBER 000-00-0000-A	SEX FEMALE
IS ENTITLED TO HOSPITAL MEDICAL	EFFECTIVE DATE (PART A) 07-01-1986 (PART B) 07-01-1986
SIGN HERE → <i>Jane Doe</i>	

Do you currently have any prescription drug coverage including a Part D Plan? ☐ YES ☐ NO
If yes, what is the source? _____

Are you currently receiving Medicaid, SSI or assistance paying your Medicare Part B premium?
☐ YES ☐ NO ☐ DON'T KNOW

Are you currently receiving Low Income Subsidy which helps reduce your Part D costs?
☐ YES ☐ NO ☐ DON'T KNOW

What is your current monthly income? _____

Do you currently have or are you interested in information about Medicare Advantage Plans?
☐ YES ☐ NO

List the prescription drugs you are currently taking.

This information can be found on your prescription containers. Attach additional page if necessary.

Prescription Drug Name	Dosage	Number Taken Per Day	Can You Take Generic?

For More Information: AustinScott.house.gov or contact:

Tifton Office

127-B N. Central Ave.
Tifton, GA 31794
Phone: 229-396-5175

Warner Robins Office

230 Margie Dr. Suite 500
Warner Robins, GA 31088
Phone: 478-971-1776

Washington D.C. Office

516 Cannon HOB
Washington, DC 20515
Phone: 202-225-6531

Internal Use Only – To be completed by counselor.

Drug ID List: _____ Passcode Date: _____ Zip Code: _____ Counselor Name: _____